

## **UNL INTERAGENCY BILLING INVOICE**

**REMIT TO:** 

UNIVERSITY OF NEBRASKA-LINCOLN INTERAGENCY BILLING # 512 P.O. BOX 880439 LINCOLN, NE 68588-0439 Invoice Number

90152707

Page:

**CUSTOMER/SHIP TO ADDRESS:** 

1 of 1

Invoice Date:

05/04/2018

**Due Upon Receipt** 

**BILLING ADDRESS:** 

Nebraska Emergency Management Agency

2433 NW 24th Street Lincoln NE 68524-1801

Item Number 001 5/4/2018

Description of Charges
Financial assistance for Countering Violent Extremism

<u>Amount</u>

14,262.25

Led by Denise Bulling Billing through 04/30/2018

approved for payment Nihhi weber 5.18.2018

CVE # 31240810

RECEIVED

MAY 0 € 2013

**UNLACCOUNTING** 

**Balance Due** 

14,262.25

Departmental Informat	ion:
Campus Billing Dept.	SPONSORED PROGRAMS
Contact Name	Terri Murray
Phone	402-472-3112 Y
Signature	Verre Gurray

 SAP Coding:

 SAP Cost Object
 G/L Account
 Amount

 26-0116-0187-001
 462102
 14,262.25

 Total
 14,262.25

Last updated 2/20/2003



OFFICE OF SPONSORED PROGRAMS

2200 Vine St. - 151 Prem S. Paul Research Center

Lincoln, NE 68583-0861

FED ID # 47-0049123

Nebraska Emergency Management Agency

Attn: Deb Kai

2433 NW 24th Street

Lincoln, NE 68524-1801

AGREEMENT TITLE/CONTRACT NUMBER:

Financial Assistance for Countering Violent Extremism

#94263

Directed by Denise Bulling

INVOICE/REPORT: 2601160187-03

INVOICE PERIOD: 02/01/2018 to 04/30/2018 **PAYMENT DUE:** 

06/03/18

REFERENCE NUMBER: 26-0116-0187-001

PLEASE REFERENCE ON REMITTANCE

ANALYSIS OF CLAIMED CURRENT AND CUMULATIVE COSTS

MAJOR COST ELEMENTS	AMOUNT FOR CURRENT PERIOD	CUM. AMOUNT FROM INCEPTION TO DATE
Billing through 04/30/2018	\$0.00	\$0.00
Employee Benefits	\$0.00	\$0.00
Consumable Supplies	\$0.00	\$0.00
Travel-Domestic	\$771.63	\$1,029.26
Operating Expenses	\$10,639.79	\$29,396.48
Equipment	\$0.00	\$0.00
Indirect (26%)	\$2,850.83	\$7,563.29

**Total Amount** 

\$14,262.25

\$37,989.03

**Current period expenses** 

\$14,262.25

NOTE: Payment due in 30 days - June 3, 2018

PLEASE REMIT A COPY OF THE INVOICE ALONG WITH THE PAYMENT TO ENSURE PROPER CREDIT.

"I certify that all expenditures reported (or payment requested) are for appropriate purposes and in accordance with the agreements noted above."

Date:

May 4, 2018

Terri Murray - Project Specialist

(402) 472-3112

tmurray2@unl.edu

UNFORM2 07-04

Budget Conference Calls CVE - Conf Calls Dec20-Jan19 2 Budget Conference Calls CVE - Conf Calls Feb20-MarIE Copy Charges Copy Charges Copy Charges Copy Charges Copy Charges COPY CHARGES (JCIXI JAN-Copy Charges) COPY CHARGES CO	DocTy	DocTyp RefDocNo	Postg Date	Cost Elem.	Cost Elem. Assignment	Purch.Doc.	Doc.Header Text	Name	ValCOArCur	WBS element
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م المناه	JE	14028301	04/30/2018	581000	BL-OVER0430		Indirect	Indirect	919.35	26-0116-0187-001
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